U.S. Department of Labor Office of Labor Managemen Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Managemer
and Budge
No 1215 0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, finits or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U	2 Fiscal Year Covered From	
12440	7/7/09 Through 12/31/09	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name ANTHONY R (FIFANCE	Name PLA LOCAL ONE	
	Labor Organization File Number 035-319	
P O Box, Bldg Room No If any	P O Box, Building and Room Number if any	
Street 35-16 79# ST125KT	Street 113 LIVIVERSITY PASE	
CITY JACKIUN HEIGHTS	City WEW YORK	
State NEW YUFK ZIP Code +4 /1379	State NEW YORK ZIP Code + 4 10003	
5 Position in labor organization VCC RETARY TREASURGE - ALA LOUAL ONE		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instrictions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name if any	1	
PO Box, Bldg Room No If any	7 b Amount.	
Street		
City		
State ZIP Code +4		
Signature		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the incitructions.)		
Signed Anthon Cufer On 8/15/05 2/2-460-0800 Date Tejephone Number		

Name of Person Filing Anthony R CAI FA	N 0	File Number U
B Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from selling or leasing to or otherword an employer whose employees your labor organization represents or is actived any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the bullines ely seeking to represer or rectly to or otherwise	s
8 Name and address of Business (including tride name if any)	9 Business deals with	
Name HULIANIE BEKNSTEIN	a Labor Organiza	ation
Trade Name If any	b Trust	
P O Box 8ldg Room No if any	c Employer	
Street 761 FIETH AVENUE	o cimployer	
on NEW YORK		
State NEW YORK ZIP Code +4 10153		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dea	ling
Name ALA INDUSTRY RENSIGN PLAN SICKNESS EACORDER	I N'UES M	ENT MANAGER
Trade Name if any		т мо ~~
PO Box Bldg Room No if any	1	
Street 113 UNIVERSITY PLAKE		
CITY NEW YORK	11 b Approximate doll ir va	and additional to the Control of the
State NEW TOCK 71P Code +4 10003.	INDESTIMENT	The state of the s
	Queing meet	meeting netwing
	Durans T	The meer of Confessions The meer of Confessions The Theory
	Newsples	243 11/29- 72/4/04
	12 b Amount	\$60.00
C Received from any employer (other than an employer covered und	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	The state of the s
Name 2 2 2 2	1	**************************************
Trade Name If any		
PO Box Bldg Room No If any		
Street		
Caty		
State 4P Code +4		
	14 b Amount of payment	The species are assumether accessed their accessed and a state and
13 bills the Business an Employer or Consultant?	i	

Name of Person Filing ANTHOWY & CAIFA	OO File Number U
B Held an interest in or derived income of economic benefit with monetary valusubstantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent or rectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name AMALGAMATED BUTNE	a Labor Org inization
Trade Name If any	, b Trust
Street // / S White Square	c. Employer
ary NY	
State 27 ZIP Code + 4 /000 3	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name i	CUSTODING BONK / INVENTMENT MAINAGER SERVICES
Trade Name if any	MANAGER SERVICES
PO Box Bldg Room No If any	1
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of intere t held or income received
State ZIP Code + 4	HULDRY CIFT_ DECEMBER DOWN
	l '
	12 b Amount 3 141 31
	Constitution of Constitution o
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	
Trade Name If any	
PO Box Bldg Room No if any	
Street L	
City	

14 b Amount of payment

13 b Is the Business an Employer

or Consultant